

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: REPOSITIONING AND REORIENTATION OF
MASTER/S�AVE RELATIONSHIP IN MINIMALLY
INVASIVE TELESURGERY

Attorney Docket Number:: 017516-001320US

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawing Sheets:: 40

Small Entity?: Yes

Petition included?: No

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: WILLIAM

Middle Name:: C.

Family Name:: NOWLIN

City of Residence:: Los Altos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1751 Oak Avenue

City of Mailing Address:: Los Altos

State or Province of mailing address:: CA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 94024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: GARY
Middle Name:: S.
Family Name:: GUTHART
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 732 Chebec Lane
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: J. KENNETH
Family Name:: SALISBURY
Name Suffix:: JR.
City of Residence:: Los Altos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 371 Solana Drive
City of Mailing Address:: Los Altos
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94022

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: GUNTER
Middle Name:: D.

Family Name:: NIEMEYER
City of Residence:: Mountain View
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 111 N. Rengstorff Ave., #135
City of Mailing Address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94043

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/398,960	09/17/99
	Continuation-in-part of	09/374,643	08/16/99
	Provisional of	60/116,842	01/22/99
	Provisional of	60/116,891	01/22/99
	Provisional of	60/109,359	11/20/98

Assignee Information

Assignee Name:: Intuitive Surgical, Inc.
Street of mailing address:: 1340 W. Middlefield Road
City of mailing address:: Mountain View
State or Province of mailing address:: California
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94043

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